## IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re: W.R. GRACE & CO., et al.,  Debtors.	)	Chapter 11 Case No. 01-01139 (JKF) (Jointly Administered)
	)	

DECLARATION OF CLAIMANT'S COUNSEL STEVEN J. MANDELSBERG IN OPPOSITION TO DEBTORS' MOTION FOR AN ORDER PURSUANT TO F.R.B.P. 7056 DISALLOWING AND EXPUNGING CLAIMANT STATE OF CALIFORNIA, DEPARTMENT OF GENERAL SERVICES', SIXTERS (16) CLAIMS AMONG ONE HUNDRED NINE (109) CALIFORNIA ASBESTOS PROPERTY DAMAGE CLAIMS ALLEGEDLY BARRED BY THE STATUTE OF LIMITATIONS

STEVEN J. MANDELSBERG, an attorney duly admitted to practice before the Courts of the State of New York (and having been admitted to practice before this Court on prior occasions in other matters), declares, pursuant to 28 U.S.C. § 1746, under the laws of the United States, that the following is true and correct:

1. I am a member of the law firm of Hahn & Hessen LLP, counsel for Claimant State of California, Department of General Services. I respectfully submit this affidavit to place before the Court true and correct copies of the following documents referred and attached to the accompanying Opposition by Claimant, dated March 19, 2007, to Debtors' summary judgment on statute of limitations grounds:

Exhibit A	Excerpts from the sixteen proofs of claim forms			
	completed by Claimant and submitted to the			
	Court in March 2003.			

2. For the reasons stated in such Opposition, Claimant requests that the Court deny the motion by Debtors for summary judgment in its entirety.

Dated: New York, New York March 19, 2007

STEVEN J. MANDELSBERG

Exhibit A

## 18 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 | 1944 |

### **WR** Grace

SR00000644

Property Damage Index Sheet

Claim Number: 00010648			Receive Date: 03/31/2003
Multiple Claim Reference			
Claim Number	м	MPOC	Medical Monitoring Claim Form
	☐ PI	DPOC	Property Damage
	N	APQ	Non-Asbestos Claim Form
			Amended
Claim Number	MI	MPOC	Medical Monitoring Claim Form
	PC	OPOC .	Property Damage
	□ N/	APO	Non-Asbestos Claim Form
			Amended
Attorney Information			···
Firm Number: 00363	Firm Name	e: <u>St</u> i	ate of California Dept of Justice
Attorney Number: 00242	Attorney N	ате:	Robert E Asperger
Zip Code: 95814			
Cover Letter Location Number:	SR00000644		
Attachments Medical Monitoring	Attache Property		Non-Asbestos
TBD	□ тво		Other Attachments
TBD	☐ TBD		
TBD	TBD		
TBD	□ тво		
TBD	☐ TBD  ☑ Other Attach	mante	
	A Onio Adaon		
ther	Non-Standar	d Form	
	Amended		·
	Post-Deadlin	e Postma	ark Date
Box/Batch: WRPD0010/WRPD0040			Document Number: WRPD001968

Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 5 of 54 PART 1: CLAIMING PARTY INFORMATION -NAME: SERVICES Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First  $\overline{MI}$ Last First MILast GENDER: MALE ☐ FEMALE Mailing Address: Street Address WEST City State (Province) (Postal Code) USA Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: OF Name of Attorney: ROBERT 后 First Mailing Address: 1130d Street Address SACRAMENT City State Zip Code (Province) (Postal Code) Telephone: 916) 327-7852 Area Code PD.10.40.1968 WR Grace

WR Grace PD.10.40.1968 00010648 SR=644

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# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 6 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

١.	INTRODUCTION
<b>1</b> .	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes – lawsuit  Yes – non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes − lawsuit  Yes − non-lawsuit claim (other than a workers' compensation claim)  If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.  If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
	Y A SUCETION
۶.	LAWSUITS
1.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.  a. Caption  b. Court where suit originally filed:  County/State  c. Date filed:  Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: County/State
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	(Attach additional pages if necessary.)

## 

Box/Batch: WRPD0010/WRPD0040

### **WR Grace**

SR00000644

Document Number: WRP0001969

Property Damage

Index Sheet

			117	dev Olleer			
Claim Number:	00010649				F	Receive Date:	03/31/2003
Multiple Claim Re	ference					<del></del>	
Claim Number				MMPOC	Medi	ical Monitoring	Claim Form
				POPOC	Prop	erty Damage	
				NAPO	Non-	Asbestos Clair	n Form
					Ame	nded	
Claim Number				ммрос	Medi	cal Monitoring	Claim Form
				PDPOC	Prop	erty Damage	
				NAPO	Non-	Asbestos Clain	n Form
					Amer	nded	
Attorney Informat	ion				ride (the in column to a second	<u>.                                      </u>	
Firm Number: 0	0363		Firm N	ame: <u>St</u>	ate of Calif	fornia Dept of J	ustice
Attomey Number:	00242		Attorne	y Name:	Robert 6	E Asperger	
Zip Code: 95814	·						
Cover Letter Location	n Number:	\$R000	00644				
Attachr Medical Me				chments rty Damage	e	No	n-Asbestos
TBD			TBD			Other.	Attachments
TBD			TBD				
TBD			TBD				
TBD			TBD				
TBD			TBD Other Att	tachments			
Other			Non-Star	ndard Form			
		' □	Amended	4	,	I	
			Post-Dea	adline Postm	ark Date		

Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 8 of 54 PART 1: CLAIMING PARTY INFORMATION NAME: SERVICES DIEIP IOIF STATE Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): Last First MI Last FirstGENDER: MALE □ FEMALE Mailing Address: 707 Street Address 95605 WEST City Zip Code State (Province) (Postal Code) USA Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: ATE Name of Attorney: ROBERT First Mailing Address: 1301 SACRAMENT Zip Code City State (Province) (Postal Code) Telephone: 327-7852 Area Code

> WR Grace PD.10.40.1969 00010649 SR=644

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## Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 9 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

A,	INTRODUCTION
1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
	⊠ No
	☐ Yes lawsuit
	The Yes - non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	™ No
	☐ Yes – lawsuit
	☐ Yes - non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage luwsuit has been filed by or on hehalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
В.	LAWSUITS
1.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed
	relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed:
	a. Caption
	o. Court where suit originally filed:  County/State  Docket No.:
,	. Date filed: Month Day Year
,	a. Caption
•	
ł	Court where suit originally filed: Docket No.: Docket No.:
4	Date filed: Month Day Year
(	Attach additional pages if necessary.)

#### **WR** Grace

SR00000644

Property Damage Index Sheet

Claim Number: 00010650			Receive Date: 03/31/2003
Multiple Claim Reference			
Claim Number		ммрос	Medical Monitoring Claim Form
	[]	PDPOC	Property Damage
		NAPO	Non-Asbestos Claim Form
			Amended
Claim Number	[_]	MMPOC	Medical Monitoring Claim Form
		PDPOC	Property Damage
		NAPO	Non-Asbestos Claim Form
			Amended
Attorney Information			
Firm Number: 00363	Firm M	Name: <u>St</u> a	tate of California Dept of Justice
Attorney Number: 00242	Attorn	ey Name:	Robert E Asperger
Zip Code: 95814			
Cover Letter Location Number:	SR00000644		
Attachments Medical Monitoring		achments erty Damage	Non-Asbestos
TBD TBD TBD TBD TBD TBD TBD	☐ TBD	ttachments	Other Attachments
Other	Amende	andard Form ed eadline Postm	
Box/Batch: WRPD0010/WRPf00040			Document Number: WRPD001970

01139-AMC Doc 14920 Filed 03/20/07 Page 11 of 54 PART 1: CLAIMING PARTY INFORMATION Case 01-01139-AMC NAME: SERVICES GENERAL Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First MILast First ΜI Last GENDER: MALE ☐ FEMALE Mailing Address: 707 ITHIRD WEST Clty State Zip Code (Province) (Postal Code) USA Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: STATE OF Name of Attorney: ROBERT First MILast **Mailing Address:** 11300 Street Address SACRAMENT City State Zip Code (Province) (Postal Code) Telephone:

> WR Grace PD.10.40.1970 00010650 SR=644

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1011578,

(916) 327-7852

Area Code

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۸.	INTRODUCTION
1.	Has any asbestos related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes - lawsuit  Yes - non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?  ☐ No ☐ Yes − lawsuit  ☑ Yes − non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an ashestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
3.	LAWSUITS
	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.  a. Caption
	b. Court where suit originally filed: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
1	b. Court where suit originally filed: Docket No.:
,	c. Date filed: Month Day Year
	a. Caption
1	o. Court where suit originally filed: Docket No.: County/State
(	Date filed: Month Day Year

(Attach additional pages if necessary.)

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Box/Batch: WRPD0010/WRPD0040

## **WR Grace**

SR00000644

Document Number: WRPD001971

Property Damage Index Sheet

Claim Number:	00010651				I	Receive Date:	03/31/2003
Multiple Claim Re	ference						
Claim Number				MMPOC	Medi	icat Monitoring C	Claim Form
				PDPOC	Prop	erty Damage	
				NAPO	Non-	Asbestos Claim	Form
					Ame	nded	
Claim Number				ммрос	Medi	ical Monitoring C	Claim Form
				PDPOC	Ргор	erty Damage	
				NAPO	Non-	Asbestos Claim	Form
					Ame	nded	
Attorney Informat	ion	<del></del>					
Firm Number: 0	0363	F	irm N	ame: Sta	ite of Calif	ornia Dept of Ju	stice
Attorney Number:	00242	_	\ttorne	y Name:	Robert I	E Asperger	
Zip Code: 95814							
Cover Letter Location	n Number:	SR000006	44				
Attachn Medical Mo		F		chments	•	Nor	n-Asbestos
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Other		☐ No	n-Star	ndard Form			
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PART 1: CLAIMING PARTY INFORMATION. NAME: SERVICES STATE GENERAL Name of individual claimant (first, middle and last name) or business claimant F.E.J.N. (Business Claimants) SOCIAL SECURITY NUMBER (Individual Claimants): (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): MI Last First  $\overline{MI}$ Last Firsi GENDER: □ MALE ☐ FEMALE Mailing Address: Street Address WEST Zip Code State City (Province) (Postal Code) USA Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: CALIFORNIA Name of Attorney: E RIOBERT Malling Address: Street Address Zip Code State City (Province) (Postal Code) Telephone: 327-7852 Area Code WR Grace PD.10.40.1971 00010651 SR=644 REC'D MAR 3 1 2003 1011574,

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# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 15 of 54 • PART 4: ASBESTOS LITIGATION AND CLAIMS

V.	INTRODUCTION
1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
	☐ Yes – lawsuit ☐ Yes – non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	☐ No ☐ Yes – lawsuit ☑ Yes – non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
3.	LAWSUITS
۱.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year

(Attach additional pages if necessary.)

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### **WR Grace**

SR00000644

Property Damage Index Sheet

Claim Number: 00010652		Receive Date: 03/31/2003
Multiple Claim Reference		
Claim Number	MMPOC	Medical Monitoring Claim Form
	PDPOC	Property Damage
	NAPO	Non-Asbestos Claim Form
		Amended
Claim Number	ммрос	Medical Monitoring Claim Form
	PDPOC	Property Damage
	NAPO	Non-Asbestos Claim Form
		Amended
Attorney Information		
Firm Number: 00363	Firm Name: St	tate of California Dept of Justice
Attorney Number: 00242	Attorney Name:	Robert E Asperger
Zip Code: 95814		
Cover Letter Location Number:	SR00000644	
Attachments Medical Monitoring	Attachments Property Damag	Non-Asbestos e
TBD TBD TBD TBD TBD	☐ TBD	Other Attachments
Other	Non-Standard Form Amended Post-Deadline Postn	
Box/Batch: WRPD0010/WRPD0040		Document Number: WRPD001972

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PART 1:	CLAIMING PARTY	INFORMATION
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NAME:  STATE OF CALIFORNIA DEPT OF GENERAL SERVICES  Name of individual claimant (first, middle and last name) or business claimant
SOCIAL SECURITY NUMBER (Individual Claimants):  (last four digits of SSN)  F.E.I.N. (Business Claimants)
Other names by which claiming party has been known (such as maiden name or married name):
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<u> </u>
PART 2: ATTORNEY INFORMATION
The claiming party's attorney, if any (You do not need an attorney to file this form):
The claiming party's attorney, if any (You do not need an attorney to file this form):  Law Firm Name:
The claiming party's attorney, if any (You do not need an attorney to file this form):  Law Firm Name:  STATE OF CALIFORNIA DEPT OF TASTICE  Name of Attorney:
The claiming party's attorney, if any (You do not need an attorney to file this form):  Law Firm Name:  STATE OF CALIFORNIA DEPT OF TASTICE  Name of Attorney:  ROBERT BE ASPERGER  First Milling Address:  13CC T STREET SKITE 1/101

REC'D MAR 3 1 2003

### PART 4: ASBESTUS LITIGATION AND CLAIMS

INTRODUCTION	
. Has any aspestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?	
% No ■	
Yes - lawsuit	
Tyes - non-lawsuit claim (other than a workers' compensation claim)	
Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?	
¥ №	
☐ Yes – lawsuir	
Yes ~ non-lawsuit claim (other than a workers' compensation claim)	
If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B, below.	
If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.	
	•
· 	
LAWSUITS	
Please provide the following information about each asbestos-related property damage lawsuit which has been filed	
relating to the property for which you are making this claim of attach a copy of the face page of each complaint filed.	
a. Caption	
b. Court where suit originally filed: Docket No.:	
c. Date filed:	
Month Day Year	
Caption	
ı. Caption	
Court where suit originally filed: Docket No.:	
Country State	
County/State	
County/State	
County/State  Date filed:  Month Day Year	
County/State  Date filed:  Month Day Year	
County State  Date filed:  Month Day Year  Caption  Count where suit originally filed:  Docket No.:	· · · · · · · · · · · · · · · · · · ·
County/State  Date filed:  Month Day Year  Caption	· · · · · · · · · · · · · · · · · · ·
County State  Date filed:  Month Day Year  Caption  Count where suit originally filed:  County State  Date filed:	· · · · · · · · · · · · · · · · · · ·
County/State  Date filed:  Month Day Year  Caption  Count where suit originally filed:  County/State  Docket No.:	· · · · · · · · · · · · · · · · · · ·

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### **WR Grace**

SR00000644

Property Damage Index Sheet

Claim Number: 00010653			Receive Date;	03/31/2003
Multiple Claim Reference	<u> </u>		,	•
Claim Number		MMPOC	Medical Monitoring Cla	aim Form
		PDPOC	Property Damage	
		NAPO	Non-Asbestos Claim F	om
			Amended	
Claim Number		MMPOC	Medical Monitoring Cla	aim Form
		PDPOC	Property Damage	
		NAPO	Non-Asbestos Claim F	orm
			Amended	
Attorney Information	n 10	Miles is made		
Firm Number: 00363	Firm N	ame: State of	California Dept of Just	tice
Attorney Number: 00242	Attorne	y Name: <u>Ro</u>	bert E Asperger	
Zip Code: 95814	_			
Cover Letter Location Number:	SR00000644			
Attachments Medical Monitoring	ſ	nchments rty Damage	Non-	Asbestos
TBD TBD TBD TBD TBD		tachments	Other Atta	achments
Other	Non-Star	ndard Form d		
		- adtine Postmark D	ate	
Box/Batch; WRPD0010/WRPD0040			Oocument N	umber: WRPD001973

 PART 1: CLAIMING PARTY INFORMATION NAME: SERVICES Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First Last First MILast **GENDER:** □ MALE □ FEMALE Mailing Address: URID Street Address WEST City State Zip Code (Province) (Postal Code) USA Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: STATE Name of Attorney: ROBERT Mailing Address: 300 Street Address SACRAMEN 95814 City State Zip Code (Province) (Postal Code) Telephone: 191161) 327-7852 Area Code **WR Grace** PD.10.40,1973 00010653 SR=644

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١.	INTRODUCTION
1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes – lawsuit  Yes – non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes − lawsuit  Yes − non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
<b>}</b> ,	LAWSUITS
Ι.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.  a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
1	b. Court where suit originally filed: Docket No.: Docket No.:
•	c. Date filed:
	a. Caption
ł	o. Court where suit originally filed:
•	Date filed: Month Day Year

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(Attach additional pages if necessary.)

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Box/Batch: WRPD0010/WRPD0040

#### **WR Grace**

Property Damage

SR00000644

Document Number: WRPD001974

Index Sheet

Claim Number:	00010654			F	Receive Date:	03/31/2003
Multiple Claim Ref	erence					
Claim Number			MMPOC	Media	cal Monitoring Cl	aim Form
			PDPOC	Prope	erty Damage	
			NAPO	Non-	Asbestos Claim I	Form
				Amer	nded	
Claim Number			MMPOC	Medic	cat Monitoring Cl	aim Form
			PDPOC	Prope	erty Damage	
			NAPO	Non-/	Asbestos Claim F	Form
				Amer	nded	
Attorney Informati	on					
Firm Number: 00	0363	Firm N	ame: St	ate of Calif	ornia Dept of Jus	stice
Attorney Number:	Attorne	y Name:	Robert B	Asperger		
Zip Code: <u>95814</u>	<u> </u>					
Cover Letter Location	Number:	SR00000644	·			
Attachm Medical Mo		1	chments rty Damage	ė	Non-	Asbestos
TBD		☐ TBD			☐ Other At	tachments
☐ TBD		☐ TBD				
☐ TBD		☐ TBD				
☐ TBD		☐ TBD				
		(X) Other At	tachments			
Other	n	☐ Non-Star	ndard Form			
	i	Amende	đ	I		
	Post-Dea	adline Postm	ark Date			

Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 23 of 54 PART 1: CLAIMING PARTY INFORMATION NAME: SERVICES CIALILIFORNIA Name of individual claimant (first, middle and last name) or business claimant F.E.I.N. (Business Claimants) **SOCIAL SECURITY NUMBER (Individual Claimants):** (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First Last ΜI Last First GENDER: MALE ☐ FEMALE Mailing Address: Street Address Zip Code State City (Province) (Postal Code) USA Country PART 2: ATTORNEY INFORMATION The claiming party's attorncy, if any (You do not need an attorney to file this form): Law Firm Name: OF Name of Attorney: ROBERT First Mailing Address: 1300 SACRAMEMTO State Zip Code City (Province) (Postal Code) Telephone: 327-7852 Area Code PD.10.40.1974

WR Grace 00010654

SR≔644

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# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 24 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS.

١.	INTRODUCTION
1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
	158 No
	☐ Yes lawsuit ☐ Yes non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	® No
	☐ Yes – fawsuit ☐ Yes – non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property dumage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
š.	LAWSUITS
1.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed:  County/State  Docket No.:
	c. Date filed: Month Day Year
	a. Caption
1	b. Court where suit originally filed: Docket No.: Docket No.:
,	c. Date filed: Month Day Year

1011582,

(Attach additional pages if necessary.)

Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 25 of 54

## 

#### **WR Grace**

SR00000644

Property Damage Index Sheet

Claim Number: 00010	0655		Receive Date:	03/31/2003
Multiple Claim Reference	<u></u>	,	· · · · · · · · · · · · · · · · · · ·	
Claim Number		] ммрос	Medical Monitoring Cla	aim Form
		PDPOC	Property Damage	
		NAPO	Noп-Asbestos Claim F	orm
		l	Amended	
Claim Number		ммрос	Medical Monitoring Cla	im Form
		PDPOC	Property Damage	
		NAPO	Non-Asbestos Claim F	órm
			Amended	
Attorney Information		- man Bill a share		
Firm Number: 00363	Firm t	√lame: <u>S</u>	tate of California Dept of Just	ice
Attorney Number: 00242	Attorn	ey Name:	Robert E Asperger	
Zip Code: 95814				<del></del> .
Cover Letter Location Number:	SR00000644			
Attachments Medical Monitoring		achments erty Damag		Asbestos
TBD TBD TBD TBD TBD TBD		ttachments 	Other Atta	achments
Other	Amende			
Box/Batch: WRP:00010/WRPD0	Canal Canal	adline Postn		ımber: WRP0001975

#### Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 26 of 54 PART 1: CLAIMING PARTY INFORMATION NAME: Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First ΜI Last First ΜI Last GENDER: I MALE ☐ FEMALE Mailing Address: 1710171 THURD 6|T|H Street Address WEST City Zip Code State (Province) (Postal Code) Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: STATE IQF Name of Attorney: ROBERT First Mailing Address: 1300 SACRAMENT City State (Province) (Postal Code) Telephone:

WR Grace PD.10.40.1975 00010655

SR=644

REC'D MAR 3 1 2003

(916) 327-7852

Area Code

# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 27 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

١.	INTRODUCTION
1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
	<b>№</b> No
	☐ Yes – lawsuit
	☐ Yes – non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	5d No
	☐ Yes lawsuit
	☐ Yes – non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
	LAWSUITS
í	Please provide the following information about each asbestos-related property damage lawsuit which has been filed
	relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.:
	c. Date filed:
	Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed:

(Attach additional pages if necessary.)

#### **WR Grace**

Property Damage

		in	dex Sheet		
Claim Number:	00010656			Receive Date:	03/31/2003
Multiple Claim R	eference			<del>.</del>	
Claim Number			MMPOC	Medical Monitoring Cl	aim Form
			PDPOC	Property Damage	
			NAPO	Non-Asbestos Claim I	Form
				Amended	
Claim Number	**		MMPOC	Medical Monitoring Cl	aim Form
			PDPOC	Property Damage	
			NAPO	Non-Asbestos Claim I	Form
				Amended	
Attorney Informa	tion				
Firm Number:	00363	Firm N	ame: Sta	te of California Dept of Jus	stice
Attorney Number:	00242	Attorne	y Name:	Robert E Asperger	
Zip Code: 95814	1				
Cover Letter Location	on Number:	SR00000644			
Attach Medical M			chments		Asbestos
TBD		☐ TBD		Other At	tachments
TBD		☐ TBD			
TBD		ТВD		4	
TBD		[ ТВ⊅			
TBD		│			
		Other Att	achments		
Other		☐ Non-Star	idard Form		
		Amended	1	ı	

Post-Deadline Postmark Date

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001976

SR00000644

Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 29 of 54 PART 1: CLAIMING PARTY INFORMATION -NAME: SERVICES ISITIAITIE CIALLITEBIRINITIA Name of individual claimant (first, middle and last name) or husiness claimant F.E.I.N. (Business Claimants) SOCIAL SECURITY NUMBER (Individual Claimants): (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name):  $\overline{MI}$ Last First  $\overline{MI}$ Last First ☐ FEMALE GENDER: MALE Mailing Address: Street Address State City (Province) (Postal Code) Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: Name of Attorney: ROBERT First Mailing Address: Street Address Zip Code State City

Telephone:

(9/6) 327-7852

Area Code

WR Grace PD, 10,40,1976 00010556

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(Province) (Postal Code)

# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 30 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

#### A. INTRODUCTION

1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
	ზყ No
	☐ Yes - lawsuit
	☐ Yes - non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	No No
	Yes – lawsuit
	Yes - non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
). Di	LAWSUITS
12.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed
1.	relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: County/State
	c. Date filed: Month Day Year
	a. Caption
	The state of the s
	b. Court where suit originally filed: Docket No.: Docket No.: County/State
	c. Date filed: Month Day Year
	Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: County/State
	c. Date filed:
	Month Day Year
	(Attach additional pages if necessary.)

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Box/Batch: WRPD0010/WRPD0040

#### **WR Grace**

SR00000644

Document Number: WRPD001977

Property Damage Index Sheet

Claim Number: 00010657		Receive Date: 03/31/2003
Multiple Claim Reference		,
Claim Number	☐ MMPOC ☐ PDPOC ☐ NAPO	Medical Monitoring Claim Form Property Damage Non-Asbestos Claim Form
		Amended
Claim Number	☐ MMPOC ☐ PDPOC ☐ NAPO	Medical Monitoring Claim Form Property Damage Non-Asbestos Claim Form Amended
Attorney Information		
Firm Number:         00363           Attorney Number:         00242           Zip Code:         95814		of California Dept of Justice Robert E Asperger
Cover Letter Location Number:	SR00000644	
Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
TBD TBD TBD TBD TBD TBD	☐ TBD ☐ TBD ☐ TBD ☐ TBD ☐ TBD ☐ TBD ☐ Other Attachments	Other Attachments
Other	Non-Standard Form Amended Post-Deadline Postmark	Date

1139-AMC Doc 14920 Filed 03/20/07 Page 32 of 54 PART 1: CLAIMING PARTY INFORMATION. Case 01-01139-AMC NAME: SERVICES GENERAL Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First Last First ΜI Last ☐ FEMALE GENDER: MALE **Mailing Address:** 707 T Street Address City State Zip Code (Province) (Postal Code) Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: STATIE Name of Attorney: ROBERT First Mailing Address: 1300 Street Address SACRAMENTO City State Zip Code (Province) (Postal Code) Telephone: (916) 327-7852 Area Code

> WR Grace PD,10,40,1977 SR=644

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## Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 33 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

۸.	INTRODUCTION
1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes – lawsuit  Yes – non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?  □ No
	☐ Ycs - lawsuit  X Ycs - non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
}.	LAWSUITS
1.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed:
	a. Caption
	b. Court where suit originally filed: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year

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(Attach additional pages if necessary.)

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## **WR Grace**

SR00000644

Property Damage Index Sheet

Claim Number: 00010658			Receive Date:	03/31/2003
Multiple Claim Reference		,		or .
Claim Number		MMPOC	Medical Monitoring C	laim Form
		PDPOC	Property Damage	
		NAPO	Non-Asbestos Claim	Form
			Amended	
Claim Number		MMPOC Medical Monitoring Claim Form		laim Form
		PDPOC	Property Damage	
		NAPO	Non-Asbestos Claim	Form
			Amended	
Attorney Information			1 Marie 1 VI 1	
Firm Number: 00363	Firm N	lame: State	of California Dept of Ju	stice
Attorney Number: 00242	Attorne	ey Name:	Robert E Asperger	
Zip Code: 95814	_			
Cover Letter Location Number:	SR00000644			
Attachments Medical Monitoring	L	achments erty Damage	Non	-Asbestos
TBD TBD TBD TBD TBD TBD TBD	TBD TBD TBD	ttachments	Other A	ttachments
Other	Amende	indard Form ed adline Postmari		
Box/Batch: WRPD0010/WRPD0040			Document	Number: WRPD001978

Doc 14920 Filed 03/20/07 Case 01-01139-AMC Page 35 of 54 PART 1: CLAIMING PARTY INFORMATION. NAME: SERVICES Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First Last First Last GENDER: 

MALE ☐ FEMALE Mailing Address: 1707 MHIRD Street Address State Zip Code (Province) (Postal Code) Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: STATE Name of Attorney: ROBERT

First

Mailing Address:

300 Street Address

SACRAMEN City Zip Code State

Telephone:

(Province) (Postal Code)

916) 327-7852 Area Code

> WR Grace PD.10.40.1978 00010658 \$R=644

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# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 36 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

١.	INTRODUCTION
1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?    Solution
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?  No Yes - lawsuit Yes + pon-lawsuit claim (other than a workers' compensation claim)  If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.  If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
Ή.	
1.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: County/State
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	(Attach additional pages if necessary.)

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#### **WR Grace**

Property Damage

Index Sheet

		Inde	x Sneet			
Claim Number:	00010659			R	eceive Date:	03/31/2003
Multiple Claim Ref	ference			,		
Claim Number		r	MMPOC	Medic	al Monitoring C	laim Form
			PDPOC	Prope	erty Damage	
		<u> </u>	NAPO	Non-A	Asbestos Claim	Form
				Amer	nded	
Claim Number			MPOC	Medic	cal Monitoring C	laim Form
		_ r	PDPOC	Prope	erty Damage	
		h	NAPO	Non-A	Asbestos Claim	Form
				Amer	ded	
Attorney Informati	on					<u>.</u>
Firm Number: 00	0363	Firm Nar	ne: <u>Stat</u>	te of Calife	ornia Dept of Ju	stice
Attorney Number:	00242	Attomey	Name:	Robert E	Asperger	
Zip Code: <u>95814</u>						
Cover Letter Location	Number:	SR00000644				
Attachn Medical Mo			hments y Damage		Nor	-Asbestos
тво		□ тво			Other A	ttachments
TBD		☐ TBD				
TBD		☐ TBD				
TBD		TBD				
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		Other Atta	chments			
 Other		☐ Non-Stand	ard Form			
		Amended		,		

Post-Deadline Postmark Date

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001979

SR00000644

Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 38 of 54 PART 1: CLAIMING PARTY INFORMATION ' NAME: STATE SERVICES GENERAL DEPT Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): MIFirst Last MIFirst Last GENDER: MALE ☐ FEMALE Mailing Address: Street Address WEST City State (Province) (Postal Code) Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: STATE DEPT CALLIFORNIA Name of Attorney: ASPERGE ROBERT First Mailing Address: 1310101 Street Address SAICRAMENT City State Zip Code (Province) (Postal Code) Telephone: 916) 327-7852 Area Code WR Grace PD.10.40.1979 00010659 SR=644

**REC'D MAR 3 1 2003** 

1011573

# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 39 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

#### A. INTRODUCTION

1.	Has any ashestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
	X No ■
	☐ Yes – lawsuit
	Yes - non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	□ No
	☐ Yes – lawsuit
	🔯 Yes - non-lawsuit claim (other than a workers' compensation claim)
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
	LAWSUITS
i.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed
	relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.: County/State
	c. Date filed:
	Month Day Year
	o Contion
	a. Caption
1	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed:
	Month Day Year
	a. Caption
ł	o. Court where suit originally filed: Docket No.: Docket No.:
(	c. Date filed: Date Floring - The Property of
	Month Day Year
- (	Attach additional pages if necessary.)

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Box/Batch: WRPD0010/WRPD0040

#### **WR Grace**

SR00000644

Document Number: WRPD001980

index Sheet

Property Damage
Index Sheet

Claim Number: 00010660 Receive Date: 03/31/2003 Multiple Claim Reference Claim Number MMPOC Medical Monitoring Claim Form PDPOC Property Damage NAPO Non-Asbestos Claim Form Amended Claim Number MMPQC Medical Monitoring Claim Form PDPOC Property Damage NAPO Non-Asbestos Claim Form Amended Attorney Information Firm Number: 00363 Firm Name: State of California Dept of Justice Attorney Number: 00242 Attorney Name: Robert E Asperger Zip Code: 95814 Cover Letter Location Number: SR00000644 **Attachments** Attachments Non-Asbestos **Medical Monitoring Property Damage** TBD **TBD** Other Attachments TBD **TBD** TBD TBD TBD TBD TBD TBD Other Attachments Other Non-Standard Form Amended Post-Deadline Postmark Date

01139-AMC Doc 14920 Filed 03/20/07 Page 41 of 54 PART 1: CLAIMING PARTY INFORMATION. Case Q1-01139-AMC NAME: Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First Last MI First Last ☐ FEMALE GENDER: MALE Mailing Address: Street Address State Zip Code (Province) (Postal Code) Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: TAITE Name of Attorney: RIGBERT First Mailing Address: 1300 SACRAMEN Zip Code City State (Province) (Postal Code) Telephone: 916) 327-7852 Area Code PD 10,40,1980 WR Grace

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**REC'D MAR 3 1 2003** 

1011579,

# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 42 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

٠.	INTRODUCTION
<b>}</b> .	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?  53 No  4 Yes – lawsuit  4 Yes – non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	<ul> <li>No</li> <li>☐ Yes - lawsuit</li> <li>☐ Yes - non-lawsuit claim (other than a workers' compensation claim)</li> </ul>
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
3	LAWSUITS
l.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.  a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	a. Caption
,	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	(Attach additional pages if necessary.)

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#### **WR Grace**

\$R00000644

Property Damage

Index Sheet

Claim Number: 00010661			R	eceive Date:	03/31/2003
Multiple Claim Reference					
Claim Number		MMPOC	Medic	al Monitoring Cl	aim Form
		PDPOC	Prope	rty Damage	
		NAPO	Non-A	sbestos Claim I	Form
			Amen	ded	
Claim Number		MMPOC	Medic	al Monitoring Cl	aim Form
		PDPOC	Prope	rty Damage	
		NAPO	Non-A	sbestos Claim f	-orm
			Amen	ded	
Attorney Information					
Firm Number: 00363	Firm N	ame: <u>Stat</u>	e of Califo	mia Dept of Jus	lice
Attorney Number: 00242	Attome	y Name:	Robert E	Asperger	
Zip Code: 95814	_				
Cover Letter Location Number:	SR00000644				
Attachments Medical Monitoring		chments rty Damage		Non-	-Asbestos
TBD	ТВD			Other At	tachments
TBD	□ тво				
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TBD	☐ TBD				
TBD	□ ТВО				
	Other Att	lachments			
Other	☐ Non-Star	idard Form			
	Amended	t	1		
	Post-Dea	idline Postmar	k Date		
Box/Batch: WRPD0010/WRPD0040				Document 8	Number: WRPD001981

Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 44 of 54 PART 1: CLAIMING PARTY INFORMATION NAME: SERVICES STATE DEP Name of individual claimant (first, middle and last name) or business claimant F.E.I.N. (Business Claimants) SOCIAL SECURITY NUMBER (Individual Claimants): (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): ΜÏ First Last  $\overline{MI}$ First Last □ FEMALE GENDER: MALE Mailing Address: Street Address State Zip Code City (Province) (Postal Code) DSA Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: Name of Attorney: ROBERT Mailing Address: 1300 Street Address Zip Code state City (Province) (Postal Code) Telephone: 327-7852 Area Code WR Grace PD.10.40,1981 00010661 SR=644

REC'D MAR 3 1 2003 1011591

# Case 01-01139-AMC Doc 14920 Filed 03/20/07 Page 45 of 54 PART 4: ASBESTOS LITIGATION AND CLAIMS

١.	INTRODUCTION
ì.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes lawsuit  Yes non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?  No  Yes − lawsuit  If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.  If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.
<b>3</b> ,	LAWSUITS
	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.  a. Caption  b. Court where suit originally filed:  County/State  c. Date filed:
	Month Day Year  a. Caption
ļ	b. Court where suit originally filed; Docket No.:
	c. Date filed:
	Docket No.:  County/State  Docket No.:
	Date filed: Month Day Year
(	(Attach additional pages if necessary.)

Box/Batch: WRPD0010/WRPD0040

#### **WR Grace**

Property Damage

Index Sheet

			•••	00A 0110			
Claim Number:	00010662				F	Receive Date:	03/31/2003
Multiple Claim R	eference						
Claim Number				ММРОС	Medi	cal Monitoring Cl	aim Form
				PDPOC	Prop	erty Damage	
				NAPO	Non-	Asbestos Claim I	Form
					Amer	nded	
Claim Number				ммрос	Medie	çal Monitoring Ci	aim Form
				PDPOC	Prope	erty Damage	
				NAPO	Non-A	Asbestos Claim I	Form
					Amer	nded	
Attorney Informa	tion	······································	ennidaet en en en				·
Firm Number:	00363		Firm N	ame:	State of Calif	ornia Dept of Jus	stice
Attorney Number:	00242		Attome	y Name:	Robert E	Asperger	
Zip Code: 9581	1						
Cover Letter Location	on Number:	SR000	000644	•	_		
Attach Medical M				chment rty Dam		Non-	-Asbestos
TBD TBD TBD TBD TBD TBD			TBD TBD TBD TBD Other Att	tachment	S	☐ Other At	tachments
Other			Non-Star	Ľ	i		
			Post-Dea	idline Pos	tmark Date		

SR00000644

Case Q1-01139-AMC Doc 14920 Filed 03/20/07 Page 47 of 54 PART 1: CLAIMING PARTY INFORMATION • NAME: SERVICES STATE GENERAL Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) (last four digits of SSN) Other names by which claiming party has been known (such as maiden name or married name): First MILast  $\overline{MI}$ First GENDER: MALE [] FEMALE **Mailing Address:** 707 Tu Street Address MERL City State Zip Code (Province) (Postal Code) USA Country PART 2: ATTORNEY INFORMATION The claiming party's attorney, if any (You do not need an attorney to file this form): Law Firm Name: TATE |0|FE OF Name of Attorney: ROBERT E First Mailing Address: 300 SACRAHE 9581 City Zip Code State (Province) (Postal Code) Telephone: (916 7852 Area Code

WR Grace PD.10.40.1982 00010662 SR=644

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## PART 4: ASBESTOS LITIGATION AND CLAIMS

#### A. INTRODUCTION

1.	Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
	<ul> <li>No</li> <li>☐ Yes – lawsuit</li> <li>☐ Yes – non-lawsuit claim (other than a workers' compensation claim)</li> </ul>
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
	<ul> <li>№ No</li> <li>☐ Yes – lawsuit</li> <li>☐ Yes – non-lawsuit claim (other than a workers' compensation claim)</li> </ul>
	If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.
	If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C, on the following page.
3.	LAWSUITS
ŀ.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.
	a. Caption
	b. Court where suit originally filed: Docket No.: County/State
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: County/State
	c. Date filed: Month Day Year
	a. Caption
	b. Court where suit originally filed: Docket No.: Docket No.:
	c. Date filed: Month Day Year
	(Attach additional pages if necessary.)

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# WR Grace

SR00000731

Property Damage Index Sheet

Claim Number: 00014411		Receive Date: 03/31/2003
Multiple Claim Reference		
Claim Number	MMPOC	Medical Monitoring Claim Form
	PDPOC	Property Damage
		Non-Asbestos Claim Form
		Amended
	11	, witorwood
Claim Number	_ MMPOC	Medical Monitoring Claim Form
	PDPOC	Property Damage
	NAPO	Non-Asbestos Claim Form
		Amended
Attorney Information		
Firm Number: 00363	Firm Name: State	e of California Dept of Justice
Attorney Number: 00242	Attorney Name:	Robert E Asperger
Zip Code: <u>95814</u>	_	
Cover Letter Location Number:	SR00000731	
Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
TBD	TBD	Other Attachments
TBD	☐ TBD	
— □ TBD	TBD	
TBD	☐ TBD	
	TBD	
	Other Attachments	
Other	Non-Standard Form	
	Amended	I
	Post-Deadline Postmar	k Date
Box/Batch: WRPD0021/WRPD0083		Document Number: WRPD804117

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PART 1: CLAIMING PARTY INFORMATION
NAME:  STATE OF CALIFORNIA DEPT OF GENERAL SERVICES  Name of individual claimant (first, middle and last name) or business claimant
SOCIAL SECURITY NUMBER (Individual Claimants):  [last four digits of SSN)  F.E.I.N. (Business Claimants)
Other names by which claiming party has been known (such as maiden name or married name):
First MI Last
First MI Last
GENDER:   MALE   FEMALE
Mailing Address:
FOT THIRD STREET, 6TH FLOOR
WEST SACRAMENTO CA 9560S
USA (Province) (Postal Code) Country
PART 2: ATTORNEY INFORMATION
The claiming party's attorney, if any (You do not need an attorney to file this form):
Law Firm Name: STATE OF CALIFORNIA DEPT OF JUSTICE
Name of Attorney:  ROBERT  E ASPERGER  MI Last
Mailing Address:  1300 I STREET, SUITE I 101  Street Address
SACRAMENTO CA 95814  City State Zip Code  (Province) (Parel Code)
Telephone: (Province) (Postal Code)  Area Code  WR Grace PD.21.83.4117 00014411 SR-731

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#### PART 4: ASBESTOS LITIGATION AND CLAIMS

١.	INTRODUCTION
1.	Has any ashestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?  ✓ No  ☐ Yes = lawsuit ☐ Yes = non-lawsuit claim (other than a workers' compensation claim)
2.	Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?  ☐ No ☐ Yes − lawsuit ☑ Yes − non-lawsuit claim (other than a workers' compensation claim)
3.	If an ashestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.  If an ashestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.  LAWSUITS
1.	Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.  a. Caption
	h. Court where suit originally filed: Docket No.:  County/State  C. Date filed:
	Month Day Year  a. Caption
	b. Court where suit originally filed:  County/State  c. Date filed:
	a. Caption
	b. Court where suit originally filed:  County/State  c. Date filed:  Month Day Year

(Attach additional pages if necessary.)

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re: W.R. GRACE & CO., et al.,  Debtors.	)	Chapter 11 Case No. 01-01139 (JKF) (Jointly Administered)

#### NOTICE OF SERVICE

PLEASE TAKE NOTICE that on March 19, 2007, counsel for Claimant State of California, Department of General Services caused copies of Claimant State of California, Department of General Services, Opposition to Debtors' Motion for an Order Pursuant to F.R.B.P. 7056 Disallowing and Expunging Claimant's Sixteen (16) Claims Among One Hundred Nine (109) California Asbestos Property Claims Allegedly Barred by the Statute of Limitations and Declaration of Claimant's Counsel Steven J. Mandelsberg in Opposition to Debtor's Motion to be served on the following in the manner indicated:

Katherine Phillips, Esq.
Janet S. Baer, Esq.
Kirkland & Ellis LLP
200 East Randolph Drive
Chicago, Illinois 60601
Co-Counsel for the Debtors
Via E-mail and First Class Mail

Douglas E. Cameron, Esq. Traci S. Rea, Esq. Reed Smith LLP 435 Sixth Avenue Pittsburgh, PA 15219 Co-Counsel for Debtors Via E-mail and First Class Mail David Carickhoff, Jr., Esq.
Laura Davis Jones, Esq.
Pachulski, Stang, Ziehl, Young, Jones & Weintraub P.C.
919 North Market Street, 16th Floor
Wilmington, Delaware 19899-8705
Co-Counsel for the Debtors
Via E-mail and First Class Mail

Scott Baena, Esq.
Jay M. Sakalo, Esq.
Bilzin Sumberg Baena Price & Axelrod LLP
200 S. Biscayne Blvd., Ste. 2500
Miami, Florida 33131-5340
Counsel for PD Committee
Via E-mail and First Class Mail

Dated: March 19, 2007

HAHN & HESSEN LLP

Counsel for Claimant

State of California, Dep't of General Services

By:\_\_

Steven J. Mandelsberg

488 Madison Avenue

New York, New York 10022

(212) 478-7200

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re: W.R. GRACE & CO., et al., Debtors.	)	Chapter 11 Case No. 01-01139 (JKF) (Jointly Administered)
	) )	

#### CERTIFICATE OF SERVICE

I, Alison M. Croessmann, certify that on March 19, 2007, I caused copies of Claimant State of California, Department of General Services, Opposition to Debtors' Motion for an Order Pursuant to F.R.B.P. 7056 Disallowing and Expunging Claimant's Sixteen (16) Claims Among One Hundred Nine (109) California Asbestos Property Claims Allegedly Barred by the Statute of Limitations and Declaration of Claimant's Counsel Steven J. Mandelsberg in Opposition to Debtor's Motion to be served on the following in the manner indicated:

Katherine Phillips, Esq.
Janet S. Baer, Esq.
Kirkland & Ellis LLP
200 East Randolph Drive
Chicago, Illinois 60601
Co-Counsel for the Debtors
Via E-mail and First Class Mail

Douglas E. Cameron, Esq. Traci S. Rea, Esq. Reed Smith LLP 435 Sixth Avenue Pittsburgh, PA 15219 Co-Counsel for Debtors Via E-mail and First Class Mail David Carickhoff, Jr., Esq.
Laura Davis Jones, Esq.
Pachulski, Stang, Ziehl, Young, Jones & Weintraub P.C.
919 North Market Street, 16th Floor
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Co-Counsel for the Debtors
Via E-mail and First Class Mail

Scott Baena, Esq.
Jay M. Sakalo, Esq.
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200 S. Biscayne Blvd., Ste. 2500
Miami, Florida 33131-5340
Counsel for PD Committee
Via E-mail and First Class Mail

Jison M. Croessmann